

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10 773706

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20	1	1				
21		1				
22		2				
23		1				
24		2				
25		2				
26		5				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35	1	1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1	1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52		1						
53		1						
54		1						
55		1						
56								
57								
58								
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93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	4							
TOTAL DEP.		53						
TOTAL CLAIMS		57						